

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>124</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar No. <u>225</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Charles Kenneth Renoude</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>1</u>
6. Legitimate? <u>yes</u>	7. Date of birth <u>Apr-5-1923</u>		(Month, day, year)
8. Full name <u>Richard Renoude</u>		14. Full maiden name <u>Janie Oliver Woolcock</u>	
9. Residence <u>Miami, Ariz.</u>		15. Residence <u>Miami, Ariz.</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>White</u>	11. Age at last birthday <u>33</u>	16. Color or race <u>White</u>	17. Age at last birthday <u>22</u>
(Years)		(Years)	
12. Birthplace (city or place) <u>St. Ives</u>	18. Birthplace (city or place) <u>St. Ives</u>		
(State or country) <u>Cornwall, England</u>	(State or country) <u>Cornwall, England</u>		
13. Occupation <u>Diler</u>	19. Occupation <u>Housewife</u>		
Nature of Industry	Nature of Industry		
20. Number of children of this mother <u>11</u>			
(Taken as of time of birth of child here- in certified and including this child.)			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born</u> at <u>11:20</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>C. M. Crow M.D.</u>		(Physician or midwife)	
Address <u>Miami, Ariz.</u>			
Given name added from a supplemental report _____		Filed <u>Apr 30</u> , 19 <u>23</u>	
(Month, day, year)		P. E. Davis	
<u>395-405-162</u>		Local Registrar.	
Registrar.		Filed <u>5-5</u> , 19 <u>23</u>	
		B. E. Fox	
		County Registrar.	